

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

State File No. **8007**

0210

FILED MAR 21 1950

BIRTH NO. _____ REG. DIST. NO. **64** PRIMARY REG. DIST. NO. **4110** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) Salisbury		c. LENGTH OF STAY (In this place) all	
d. FULL NAME OF HOSPITAL OR INSTITUTION South part of Salisbury		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salisbury	
		d. STREET ADDRESS (If rural, give location) South part of Salisbury	
3. NAME OF DECEASED (Type or Print) George Thomas Page		4. DATE OF DEATH June 16-50	
5. SEX male	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH June 6 1898
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) day laborer	9b. KIND OF BUSINESS OR INDUSTRY motor mixer	9. AGE (In years last birthday) 56	10. IF UNDER 1 YEAR: Months 6 Days 6 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) day laborer	10b. KIND OF BUSINESS OR INDUSTRY motor mixer	11. BIRTHPLACE (State or foreign country) Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Page		13b. MOTHER'S M maiden name Lucie Brown Ewing	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war & dates of service) 1st world war 497-14-6448	
16. SOCIAL SECURITY NO. 497-14-6448		17. INFORMANT'S SIGNATURE OR NAME Clark Page ADDRESS Salisbury Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1st world war 497-14-6448		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 334X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/16 , 19 52 , to 3/16 , 19 52 , that I last saw the deceased alive on 3/16 , 19 52 , and that death occurred at 12:15 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. H. H. H. H.		23b. ADDRESS Salisbury Mo.	23c. DATE SIGNED 3/17/50
24a. BURIAL, CREMATION, REMOVAL	24b. DATE 3/19-50	24c. NAME OF CEMETERY OR CREMATORY Salisbury	24d. LOCATION (City, town, or county) (State) Near Salisbury Mo
DATE REC'D BY LOCAL REG. 3-18-50	REGISTRAR'S SIGNATURE H. H. H. H.	25. FUNERAL DIRECTOR'S SIGNATURE Geo. B. B. B. ADDRESS Salisbury Mo	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 20
District Health Officer No. 8

MAR 22 1950

District File Number 3-20-50
Date Filed 3-20-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Chas B Winfrey

Licensed Embalmer No. 3842

P. O. Address Salisbury Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.